

# Pre-Inspection Worksheet

Please complete this form prior to your inspection date and email or fax it to your inspector.  
Fax 515-281-4529

Facility Name\_\_\_\_\_

## CONTACTS

Contact Type	Name	Title	Email Address
Compliance Contact			
Inspection Contact			
Billing Contact			
Accreditation Contact			

## FACILITY INFORMATION

Component Mammography Unit(s)	Manufacturer/Model	Serial Number

## RWS- include all locations where your images are interpreted by the Radiologist

RWS Room Name (if applicable)	Manufacturer & Model	Serial # for each monitor	Location	QC Manual Available If no, provide documentation of MP (physicist) instructions establishing QC

## PRINTER- (include QC from site where images are printed, even if printer is located off-site)

Printer (if applicable)	Manufacturer & Model	Location	QC Manual Available If no, provide documentation of MP (physicist) instructions establishing QC

\*PHYSICIST REPORT COPIED FOR INSPECTOR- to include survey of RWS and printer (off and/or on-site)

\*MAKE SURE INTERPRETING PHYSICIAN QUALIFICATIONS AND CME VERIFICATION ARE ON-SITE FOR INSPECTION EVEN IF THEY INTERPRET MAMMOGRAPHY OFF-SITE.

Please reference our link on the IDPH website, Bureau of Radiological Health Mammography Program, Preparing for Mammography or Stereotactic Breast Biopsy Inspections.

<http://www.idph.state.ia.us/Mammography/Inspections.aspx>